### MORTGAGE BROKER BRANCH APPLICATION

## FORM MU3 UNIFORM MORTGAGE BRANCH OFFICE APPLICATION JURISDICTION-SPECIFIC REQUIREMENTS FOR WASHINGTON STATE

Use the "MB" boxes on the *form MU3* to apply for a WA Mortgage Broker branch office license. Along with the *form MU3*, send the following to the WA Department of Financial Institutions (DFI). Documents and forms referenced by *italics* below are available from our website at <a href="http://www.dfi.wa.gov/cs/mortgage.htm">http://www.dfi.wa.gov/cs/mortgage.htm</a> for your convenience.

- 1. FEE Make your check payable to the "Washington State Treasurer." Clip it (no staples) to the top of the application package.
  - a. Initial Branch Office Applications: \$185.80 deposit toward time spent processing the application
  - b. "Renewals:" \$530.86 per location is the Annual Assessment fee
  - c. Amendments: no fee required
  - d. Closures: Annual Assessment fee must be brought current
- 2. FINANCIAL RESPONSIBILITY Submit the *Calculation of Average Number of Loan Originators* form to determine the minimum surety amount pursuant to *WAC 208-660-080*.
  - a. If your current bond amount is still satisfactory after considering the staff at this branch, no bonding instrument need accompany this branch application package.
  - b. If your bond amount should be increased based on the new calculation including the staff at this branch office, contact your bonding agent to obtain a rider to your current bond. Follow your bonding agent's instructions about signing the rider before sending the original rider (with any attachments) to DFI with your branch application package.
  - c. If your current surety instrument is an alternative to the bond (Assignment of Time Deposit or Irrevocable Letter of Credit), see your bank to increase the total sum and send appropriate original documentation to DFI with your branch application package. Contact DFI for assistance with appropriate documentation.
- 3. WA STATE PRE-REQUISITE LICENSE(S) Will this new branch office use a different trade name ("dba") than your existing licensed main office? If yes:
  - a. Contact the Washington State Department of Licensing (DOL) at (360)902-3600 or online at <a href="https://www.dol.wa.gov">www.dol.wa.gov</a> to apply for your Washington State Master Business License which will display your Unified Business Identifier (UBI) number. A copy of this document is **not** required with your application package. DFI will verify information directly with DOL.
  - b. Contact your bonding agent to add this branch office dba name to your existing surety bond.
- 4. LOAN OFFICERS Answer these questions on your letterhead:
  - a. Will any of the loan originators at this branch be compensated as Independent Contractors (IRS form 1099)?
  - b. For each 1099 Independent Contractor loan originator, provide a copy of the signed *Independent Contractor Agreement*. If you prefer, you may file a signed copy of your own contract satisfying the requirements of *RCW 19.146.200* instead of using DFI's form. (see #2b)

- 5. TRUST ACCOUNTING Review *RCW 19.146.050* and *WAC 208-660-08010* through *-08040* carefully! **Do you intend for this branch office to accept borrowers' funds to pay for third party services?** 
  - a. If no, you NEVER (not even reimbursement at closing) intend to accept monies from borrowers or on behalf of borrowers for the payment of third party service providers, you may complete the Alternative Certificate of Compliance form. No need to send a duplicate if this form is already filed for your main office.
  - b. If yes, will this branch office use the same Trust Account as your main office?
    - (i) If yes, provide a statement to that fact on your letterhead.
    - (ii) If this branch office will use a DIFFERENT Trust Accout, use a *Certificate of Compliance and Authorization to Examine Trust Accounts* form to report each trust account you'll use with WA loans. The trust account(s) must be located at a federally insured depository institution in Washington State. You'll complete the top portion of the form, have the bank complete the bottom portion and notarize it.
      - You may not deposit your own funds into the trust account, not even to open the
        account. The trust account should be a non-interest-bearing account. Bank charges for
        maintenance of the trust account (eg: monthly service fees, check printing fees, etc)
        should be withdrawn from your general operations account, not from the trust account.
      - If your bank won't open a zero-balance trust account, provide a statement on your
        letterhead indicating that no deposits have been or will be accepted from borrowers until
        a license is issued. After your license is issued, and upon receipt of any customer funds,
        you must immediately establish a trust account and forward the Certificate of
        Compliance and Authorization to Examine Trust Accounts form to the DFI. DFI may
        issue a conditional interim license contingent upon receipt of the trust certificate within a
        specified time frame.
- 6. STILL NEED HELP? Contact DFI's Division of Consumer Services licensing staff by phone at 360-902-8756 or send your questions via e-mail to <a href="mailto:DCS@dfi.wa.gov">DCS@dfi.wa.gov</a> for additional assistance.
- 7. DELIVERY Keep copies of everything, and send original Form MU3 and all attachments to:

Via US Postal Service

Dept of Financial Institutions
Division of Consumer Services

PO Box 41200

Olympia WA 98504-1200

Via other couriers (eg: FedEx, UPS, etc)

Dept of Financial Institutions

Division of Consumer Services

150 Israel Rd SW

Tumwater WA 98501

# UNIFORM MORTGAGE BRANCH OFFICE FORM FORM MU3 INSTRUCTIONS

#### A. GENERAL INSTRUCTIONS

- FILING Form MU3 is the Branch Office form accompanying the Form MU1-Uniform Mortgage Lender/Mortgage Broker form. An applicant for a Mortgage Lender or a Mortgage Broker license may apply for a branch office to jurisdiction(s) that have adopted the uniform Form MU3. The applicant must also refer to each jurisdiction in which it is applying for jurisdiction-specific requirements relating to branch offices.
- 2. **TERMS USED** See the following Explanation of Terms section regarding italicized words/phrases.
- 3. **EXECUTION** The execution section must be completed by an authorized representative of the *applicant* (corporate officer, partner, member, sole proprietor, etc).
- 4. **DATES** The filing date is the date *applicant* submits this form to the *jurisdiction(s)*. The effective date is the date *applicant* would like this license/registration or amendment to become effective. Consult applicable *jurisdiction* for effective date expectations.
- 5. **AMENDMENTS** The *applicant* must update information about a branch office, as required in each applicable *jurisdiction*, by submitting amendments using Form MU3. When filing an amendment, check the "amendment" box on line 1, provide the *applicant* name, filing and effective dates, and complete only the information that is being amended in item(s) 2a through 6a or 7 through 14. Consult each *jurisdiction* concerning the return of the prior original license/registration document when submitting the amended Form MU3.
- 6. **CONTACT EMPLOYEE** The individual listed on the *applicant*'s Form MU1 (company's main office) as the contact employee will be contacted by *jurisdiction(s)* if needed, about this branch form MU3.
- 7. **SURRENDER** / **CLOSE** When an *applicant* decides to cease operations under the license/registration, at one or more branches, use the Form MU3 to notify *jurisdiction(s)* by checking the "surrender" box and completing only items 2 and 7. Send the original license/registration document (if any was issued) to the *jurisdiction(s)* along with the Form MU3 to surrender. Use the Form MU1 to notify *jurisdiction(s)* if the entire company will cease operations under the license/registration. Consult each *jurisdiction* concerning additional specific requirements at closure.

## **B. FILING INSTRUCTIONS**

#### 1. FORMAT

- A. Form MU3 may accompany a new company filing on Form MU1, or may follow the Form MU1 later. A fully completed Form MU3 must be submitted to each applicable *jurisdiction* when the *applicant* is filing for branch authorization the first time. The *applicant* should contact the appropriate *jurisdiction(s)* for specific branch filing requirements, including applicable fees.
- B. The Execution section must include notarized original manual signature for the initial Form MU3 filing for each branch office.
- C. Type all information.
- D. Use only the current version of Form MU3 or a reproduction of it.

## 2. ATTACHMENTS

- A. File a Form MU2 for each branch manager identified in item 6.
- B. Some *jurisdiction(s)* require separate filings for use of fictitious name/trade name/doing business as name(s) as seen in item 5. Consult the *jurisdiction(s)* to determine such requirements, and attach a copy of such filing if required by that *jurisdiction*.
- C. Depending on the *jurisdiction*, individual(s) originating mortgage loans at the branch office may need to file a Form MU4. Please consult the applicable *jurisdiction*(s) to verify the requirements there.
- 3. **JURISDICTION-SPECIFIC REQUIREMENTS** Consult each *jurisdiction* in which the *applicant* is applying for a list of requirements unique to the *jurisdiction(s)*, including applicable fees, records retention, branch-related bonding, etc.
- C. EXPLANATION OF TERMS The following terms are italicized throughout Form MU3

**APPLICANT** – The mortgage lender or mortgage broker applying on or amending information on this form for a branch license/registration. The only instance in which the *applicant* is an individual is in the case of a sole proprietorship.

**JURISDICTION** – A state, the District of Columbia, the Commonwealth of Puerto Rico, or any subdivision or regulatory body thereof.

**FINANCIAL SERVICES OR FINANCIAL SERVICES-RELATED** – Pertaining to securities, commodities, banking, insurance, consumer lending, or real estate (including, but not limited to, acting as or being associated with a bank or savings association, credit union, mortgage lender, mortgage broker, closing agent, title company, or escrow agent.

**PERSON** – An individual, partnership, corporation, trust, or other organization.

Date of Filing:  WARNING: Failure to keep this form current and to books and records or otherwise to cor applying, may violate the laws of the justice.	Effection of file accurate super mply with the provi	NEW Physical address (Number and Street)  NEW Physical City, State/Country, Zip+4/Postal Code
Date of Filing:  WARNING: Failure to keep this form current and to books and records or otherwise to cor applying, may violate the laws of the juice.  1. NEW BRANCH APPLICATION SUI	o file accurate supmply with the proviurisdictions and m	plementary information on a timely basis, or the failure to keep accurate sions of law pertaining to the conduct of business for which you are ay result in disciplinary, administrative, injunctive or criminal action.  AMENDMENT Complete only the item(s) being amended.  NEW Physical address (Number and Street)  NEW Physical City, State/Country, Zip+4/Postal Code
books and records or otherwise to corapplying, may violate the laws of the <i>j</i> .  1. NEW BRANCH APPLICATION  SUI	mply with the proviurisdictions and m	AMENDMENT Complete only the item(s) being amended.  NEW Physical City, State/Country, Zip+4/Postal Code
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2		NEW Physical address (Number and Street)  NEW Physical City, State/Country, Zip+4/Postal Code
Physical address (Number and Street)	36	
Physical City, State/Country, Zip+4/Postal Code	38	
3.		·
Mailing address or P.O. Box (if applicable)		NEW Mailing address or P.O. Box (if applicable)
Mailing address City, State/Country, Zip+4/Posta	I Code	NEW Mailing address City, State/Country, Zip+4/Postal Code
4.	46	i.
Business (Area Code) and Telephone Number		NEW Business (Area Code) and Telephone Number
Fax (Area Code) and Number		NEW Fax (Area Code) and Number
Branch e-mail		NEW Branch e-mail
Branch website		NEW Branch website
5.	58	l.
Trade name or "dba" used at this branch		NEW Trade name or "dba" used at this branch
6.	66	i.
Branch Manager Name		NEW Branch Manager Name
Supervisor Name		NEW Supervisor Name
form on behalf of, and with the authority of, said <i>app</i> contained herein, including exhibits attached hereto and complete. The undersigned and <i>applicant</i> furth information is currently accurate and complete.	olicant. The under o, and other inform her represent that	d says that he/she is an officer of the <i>applicant</i> and has executed this signed and <i>applicant</i> represent that the information and statements ation filed herewith, all of which are made a part hereof, are current, true o the extent any information previously submitted is not amended such
Date (MM/DD/YYY` Subscribed & Sw	orn before me	re of authorized party Title by
Notary seal here on this	Print day of Month	Notary Public name Print authorized party name at Year State County
Notary Public Signa		Notary Appointment Expires (MM/DD/YYYY)  I signature and notarization. Affix notary stamp or seal where applicable.

Applica	a <i>nt</i> full legal na	ame:							
7.		dress of location whe		ficial books and records gos.	enerated by this	s branch office wil	I be kept. Check each	ch <i>jurisdi</i>	ction
		ame (if different from app				Telephone l	Telephone Number		
	Number and Str	reet		City		State Country	Zip+4/Postal C	ode	
8				•		State Country	Zip+4/1 Ostal Code		
	Enter "1" if a	pplicant is newly a	<b>pplying</b> in	that <i>jurisdiction</i> as a mortication in that <i>jurisdiction</i>	tgage branch o				
				registered in that <i>jurisdiction</i>					
Alabama Georgia		Maryland	New	/ Mexico	co South Dakota				
Alask	a	Guam		Massachusetts	New	/ York	Tennessee		
Arizona Ha		Hawaii		Michigan	Nort	North Carolina		Texas – OCCC	
Arkansas		Idaho		Minnesota	Nort	h Dakota	Texas – SML		
Califo	ornia – DOC	Illinois		Mississippi	Ohio	)	Utah		
Califo	ornia – DRE	Indiana		Missouri	Okla	ahoma	Vermont		
Color	ado	Iowa		Montana	Ore	gon	Virginia		
Conn	ecticut	Kansas		Nebraska	Pen	nsylvania	Washington		
Delav	vare	Kentucky		Nevada	Pue	rto Rico	West Virginia		
Distri	ct of Columbia	Louisiana		New Hampshire	Rho	de Island	Wisconsin		
Florid	la	Maine		New Jersey	Sou	th Carolina	Wyoming		
9.				at this branch office operated a copy(ies) of the agre			nt or contract with	YES	NO
10.			•	bility for decisions relating	. ,		citing mortgage	YES	NO
		pect to employmen							
44	` ′	pect to compensation		have responsibility direct	th, or indirectly	for paying the av	annon of this	YES	NO
11. Does any <i>person</i> , other than the <i>applicant</i> , have responsibility, directly or indirectly, for paying the expenses of this branch office or otherwise have a financial interest in this branch office or its activities?							penses or this		
	(a) If yes, p	(a) If yes, provide an explanation of the expense payment and/or financial interest arrangement:							Ш
	(b) If yes, provide the following information for each <i>person</i> responsible for the expenses or with a financial interest								
						SSN, IRS Tax	Separately Licensed?		
(Individuals: Last Name, First Name, Middle Name)  No. or Employee ID							YES	NO	
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